

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

MEDIATOR STATEMENT

NAME AND ADDRESS OF PAYEE:

Name of Mediator if different from Payee

☐ Social Security or ☐ Federal I.D. Number of Payee

TYPE OF BILLING:

1. Divorce/Parenting Mediation payable through the Mediation fund (maximum compensation is \$300):

☐ \$300 Flat Fee for Mediation

☐ \$120 Failure to Appear Fee

INVOICE TOTAL \$ _____

2. Adoption Mediation:

☐ \$350 Flat Fee for Mediation

INVOICE TOTAL \$ _____

I represent that the foregoing is a true and reasonable bill for services rendered.

Date

Signature of Mediator

I hereby certify that I have examined the above statement and find the charge of \$ _____
to be reasonable.

Recommended:

Date

Signature of Marital Master

Printed Name of Marital Master

So Ordered:

Date

Signature of Judge

Printed Name of Judge

NOTE: Mediators must attach a copy of the order appointing them as mediator.